CAN Check Request User Guide

Open your browser and enter the following URL https://ssointernal.chfs.ky.gov.
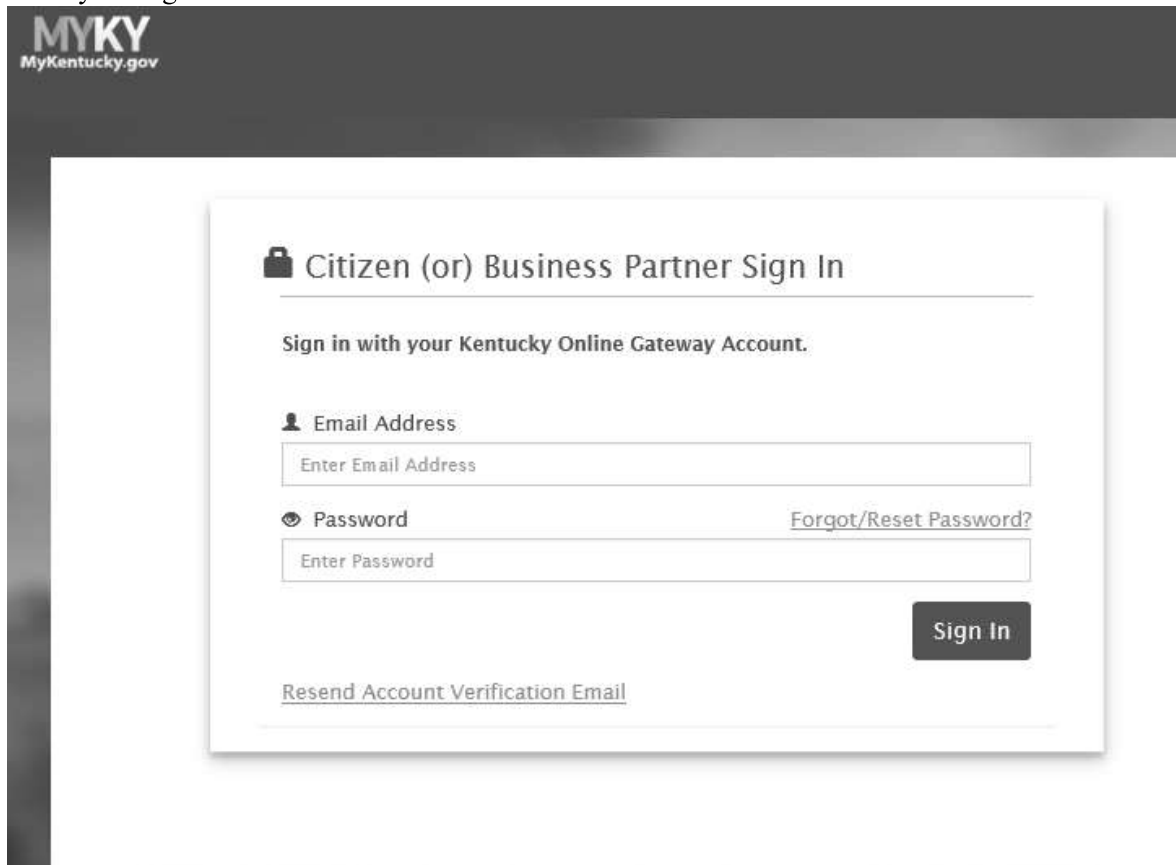
Select **Citizen or Business Partner** and Select **Sign In**

Refer to the **KOG Onboarding for CAN Check Requests Guide** if you do not have a Kentucky Online Gateway account.

Enter your registered E-mail address and Password.

Select the letter **"C"** from the alphabet list and select **CAN Payment and Verification (Child Abuse and Neglect)** from the application list and click **Launch.**
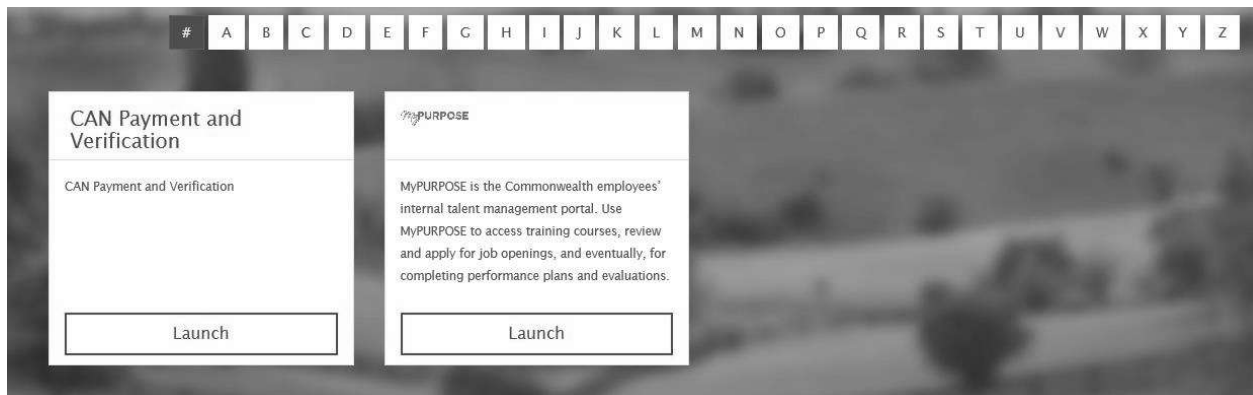
The **CAN Payment and Verification** Home screen will be displayed. Please note that this application currently only supports the follow browsers: Internet Explorer (not Edge), Chrome or Mozilla. Mobile phone support currently is not available. Note: if you do not have a social security or taxpayer identification number, you will need to submit a paper application. Links to the appropriate applications and to the parental consent form are located on this page.

To submit a CAN request, select the desired request type from the **Form** dropdown. Select **Child Care Central Registry Check (DCC-374)** for child care checks or **Central Registry Check (DPP-156)** for central registry checks.

For either **Child Care** or **Central Registry** checks**,** select the type of check that applies. If none are applicable, specify a description in other.

CENTRAL REGISTRY CHECK

* FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CAN) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)

☐ Residential Child-Caring Facility Employee or Volunteer (Institution/Group Home/Emergency/Wilderness) (Required by 922 KAR 1:300)

☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)

☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)

☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)

☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)

☐ Supports for Community Living (SCL) Employee (Required by 907 KAR 1:145)

☐ Michelle P. Waiver (Required by 907 KAR 12:010)

☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)

☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)

☐ Children"s Advocacy Center (Required by 922 KAR 1:580)

☐ Court Appointed Special Advocate(CASA) (Required by KRS 620.515)

☐ Personal Care Attendant (Required by 910 KAR 1:090)

(If none of the above category is applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request):

All **Personal Information** fields are required. If either **Middle Name** or **Maiden**/**Nick Name/Other** is not applicable enter N/A.

Personal Information

Personal information regarding the individual submitting to a child abuse or neglect check

* First Name

Ex. John

* Last Name

Ex. Smith

* Middle Name

Ex. Jones

* Maiden/Nick Name/Other

Ex. Dave

* Sex

-- Please select a Sex --

* Race

-- Please select a Race --

* Date of Birth

MM/DD/YYYY

* Social Security/Individual Taxpayer Identification #

xxx-xx-xxxx

* Date of Initial Hire

MM/DD/YYYY

All **Current Address** fields are required except **Address Line 2**.

Current Address	
*Address Line 1	Address Line 2
Ex. 123 Main St	Ex. Apt 10 Or Suite 200
*City	*State	*ZipCode
Ex. Frankfort	-- Please select a State --	Ex. 12345

*Living at the current address longer than 5 Years? ⦿ Yes ◯ No

The following will be displayed. Complete the required fields.

Employer / Agency Information

☐ In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency

The following will be displayed. To authorize the results to be shared with an employer or agency, complete the required fields. Results will not be mailed.

Employer / Agency Information

☑ In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency

Name

Employer / Agency Name goes here...

Email Address

test@test.com

Address Line 1

Ex. 123 Main St

Address Line 2

Ex. Apt 10 Or Suite 200

City

Ex. Frankfort

State

-- Please select a State --

Zip Code

Ex. 12345

At least one form of supporting documentation from the following list is required: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID. If you are under the age of 18, you **must** upload a completed copy of the parental consent form (link to parental consent form is located in this section). The document file type should be one of the following: .JPEG, .PNG, .BMP and .PDF. Please ensure that the document image is clearly recognizable. Employers and agencies who are submitting CAN checks must submit a signed, applicable central registry document (DPP-156 or DCC-374) for each request.

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID.
*Approved file types: .JPEG, .PNG, .BMP or .PDF.
*Please ensure that the supporting document image is clearly recognizable and file size is less than 2 MB.
*If you are under the age of 18, you **MUST** upload the parental consent form.

*Document Description

Please enter supporting document name

Browse...

Upload

Save And Add Applicant   Save   Submit

Enter a document name and then press **Browse** to search for the document on your computer. After selecting the document, press **Upload** to add the document to the request.

View / Upload Documents

*Upload one of the following supporting documents: Driver's License/State ID, Birth Certificate, Social Security Card/Individual Taxpayer ID, Passport or work ID.
*Approved file types: .JPEG, .PNG, .BMP or .PDF.
*Please ensure that the supporting document image is clearly recognizable and file size is less than 2 MB.
*If you are under the age of 18, you **MUST** upload the parental consent form.

*Document Description

Driver's License

C:\Users\karen.diggs\Desktop\Drivers License.pdf   Browse...

Upload

Save And Add Applicant   Save   Submit

A document can be viewed or deleted after it is uploaded by selecting **View** or **Delete**. Up to 5 documents can be added for each individual.

After uploading the required document(s), press:

- **Save And Add Applicant** – to save the current request and add a request for another individual (up to 10 CAN checks can be processed in one submission).
- **Save** – to save the current request to submit later (the request will be displayed in the dashboard to view or edit).
- **Submit** – to save the request and proceed to payment.

A confirmation screen will prompt you to either cancel or continue to submit.

If any of the individual(s) in your request is missing documentation, the following message will be displayed indicating which individual(s) need documentation uploaded prior to submission. To add document(s) to the request and resubmit, return to the **My Dashboard**, press **Edit** to edit the specific individual request and add the required document(s) to the request in the **View / Upload Documents** section. Consult the list of required documents in the **View / Upload Documents** section. Once the document has been uploaded, **Submit** the request.

Requests lacking uploaded documentation will be indicted by a Y in the **Document Missing** column.

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
446	478		testtwo	documenttwo	DPP	11/19/2020	11/19/2020	Saved	Y	View	Edit	Print	Delete
444	477		testone	documenttest	DPP	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
447	479		Nancy	Grace	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
448	481		John	Brown	DPP	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
448	480		Jane	Doe	DPP	11/19/2020	11/19/2020	Saved	Y	View	Edit	Print	Delete

To remove an individual from a batch that has been saved prior to submission, go to **My Dashboard**. A request that you have created as a batch submission will have the same **Batch ID** and will be highlighted in red. To remove one or more individuals from a batch with a status of **Saved**, click the **Delete** button on the individual you need to delete from the batch and indicate **Yes** when prompted to remove it. Repeat for each individual that needs to be removed from the batch. Once all individuals that need to be removed have been removed, to submit the remaining individual(s) press **Edit** on an individual remaining in the batch and scroll down to the **Submit** button at the bottom of the form and press **Submit**.

Form	- Select Form -
Status	- Select Status -
Submitted Date	MM/DD/YYYY

Applicant Search

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
452	486		Leslie	Major	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	485		Sally	Jones	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	484		Ken	Smith	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete

Confirm Delete From Batch

Are you sure want to delete from batch

Application Id	486
Batch Id	452
First Name	Leslie
Last Name	Major

No Yes

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
453	486		Leslie	Major	DCC	11/19/2020	11/19/2020	Deleted		View	Edit	Print	Retrieve
452	485		Sally	Jones	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	484		Ken	Smith	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete

In this example, Leslie Major was part of the **Batch ID** 452 which included Sally Jones and Ken Smith. She was eliminated by pressing the **Delete** button in the **Delete From Batch** column and has been placed in her own batch numbered 453 with a status of **Deleted**. Her request could be submitted by itself by pressing the **Retrieve** button under **Delete From Batch** and clicking Yes when prompted to retrieve again. The request will be changed to a **Saved** status. To submit the request, press either **View** or **Edit**, scroll to the bottom of the form and press **Submit**.

Confirm Retrieve Again

Are you sure want to retrieve again

Application Id	486
Batch Id	453
First Name	Leslie
Last Name	Major

No   Yes

Batch ID	Applicant ID	Case Number			Document Missing	View	E
453	486					View	
452	485					View	

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	Document Missing	View	Edit	Print	Delete From Batch
453	486		Leslie	Major	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	485		Sally	Jones	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete
452	484		Ken	Smith	DCC	11/19/2020	11/19/2020	Saved		View	Edit	Print	Delete

Two options will appear for payment: **Agency Payment Code** and **Pay by Credit/Debit Card**. To pay by credit card, press **Proceed to E-Sign**. **Note:** in order to retain a copy of the receipt for your records, print options are provided on the two credit card confirmation screens.

Customer

If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue

Do you have Agency Payment Code?   ○ Agency Payment Code ◉ Pay by Credit/Debit Card

Proceed to E-Sign

For agencies utilizing a payment processing code, select **Agency Payment Code**, the **Customer Type** from the drop down and enter the assigned **Agency Payment Code** for your organization. Then press **Proceed to E-Sign**.

Customer

If you have a Agency Payment Code select check and proceed, if you do not have the code please click the button to continue

Do you have Agency Payment Code? ⦿ Agency Payment Code ○ Pay by Credit/Debit Card

Select customer type

-- Please Select Customer Type -- ⌄

Agency Payment Code

Please enter coupon code here...

Proceed to E-Sign

Payment Processing for Individuals (Non-Agency Requests)

The **E-Signature** screen appears before payment. To edit or upload your submission prior to payment, return to the dashboard by pressing **Go To Dashboard**, otherwise press **Sign & Pay** to continue.

E-Signature

Please ensure that the applicable, signed central registry document (DPP-156 Central Registry Check or DCC-374 Child Care Central Registry) is uploaded for each background check. Refunds will not be issued for incorrect submissions. Please verify that all information is correct and that the correct documentation is uploaded before submitting – requests cannot be edited after submission. To upload documents prior to payment, return to the dashboard by clicking Go To Dashboard, Edit the saved request, scroll down to View/Upload Documents and upload the document

Sign & Pay

Go To Dashboard

Receipt

To retain a copy of the payment receipt for your records, please use the print option on either of the two payment confirmation screens before returning to the dashboard.

Enter your credit card/debit card information on the **Select Payment Type** screen (there is a fee of $10 per CAN check). All fields are required except **Address Line 2** and **Email Address**. Select **Next** to continue to payment overview.

CHFS Child Abuse & Neglect (CAN) Checks

Select Payment Type

CREDIT CARD

CAN Application Fee Item Price: $10.00 Quantity: 1	$10.00
Sub Total	$10.00
Total	$10.00

Summary

Card Details

Card Number (required)

No spaces or dashes, please.

Expiration Date (required)

01 ▾   2020 ▾

Security Code (required)

❓ Help

Cardholder Details

Name (required)

Country (required)

United States ▾

Address Line 1 (required)

Address Line 2

City (required)

State (required)

KY ▾

Zip Code (required)

Email Address

Please enter your email address to receive a copy of your receipt via email.

NEXT

Select **Pay Now** if all details are correct to finalize payment.

CHFS Child Abuse & Neglect (CAN) Checks

Visa Card Details   EDIT

Card Number ************1111   **Expiration Date** 6/2020

Cardholder Details   EDIT

John Doe
1234 Main Street
Frankfort, KY 40601 United States

[🛒 PAY NOW]

Cancel and return to CHFS Child Abuse & Neglect (CAN) Checks
  Log in to pay with your Kentucky.gov eWallet!

Summary	⌃
CAN Application Fee Item Price: $10.00 Quantity: 1	$10.00
Sub Total	$10.00
Total	$10.00

Policies Security Disclaimer Accessibility

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After successful payment, a CAN check request receipt is displayed with a confirmation number and can be printed or emailed. To return to the dashboard, press **Complete Payment And Return To CAN**.

CHFS Child Abuse & Neglect (CAN) Checks

Thank you for your payment!

Your transaction has been submitted! Please print or e-mail a copy of this receipt for your records.

Summary   🖨 PRINT   ✉ EMAIL

Confirmation Number [49574426]   **Account Holder Details**
Payment Made: 01/23/2020 09:11 AM EST   john doe
Payment Method: Visa Credit Ending With 1111   123 main street
                                               frankfort KY 40601

Cart Items

Description	Price	Quantity	Extended Total
CAN Application Fee	$10.00	1	$10.00
Total			$10.00

[COMPLETE PAYMENT AND RETURN TO CAN]

A confirmation screen will appear and an email will be sent to the address on file. To return to the dashboard, press **Go To Dashboard**. The status of your request will update to **Submit**. Please allow up to 30 days for processing. When your results have been completed, you will receive a confirmation email at the address on file and can return to the dashboard to view or print the results. Proceed to requestor dashboard section below.

Payment Processing for Agencies

The following **E-Signature** screen appears prior to payment. Please ensure that the signed and applicable registry check document has been uploaded for each request. To return to the dashboard, press **Go To Dashboard**, otherwise press **Sign & Pay** to continue.

A confirmation screen will appear and an email will be sent to the address on file. To return to the dashboard, press **Go To Dashboard**. The status of your request will update to **Submit**. Please allow up to 30 days for processing. When your results have been completed, you will receive a confirmation email at the address on file and can return to the dashboard to view or print the results.

Thank you!			

Thank you for submitting your request!

Cart Items

#	Case Number	First Name	Last Name
1	CHRS20200003668	candev	citizen

A confirmation of payment notification has been sent to your provided E-Mail address.

Go to Dashboard

Requestor Dashboard

The **Requestor Dashboard** contains a list of all the CAN checks requested by you. It displays the first and last name, form type (DCC for Child Care/DPP for Central Registry Check), date submitted and last updated, the current status and view, edit, print and delete options. Once you submit a CAN check the status will change to **Submitted**. Once the processing of a request begins the status will be updated to **Under Review** and upon completion will be updated to either **Completed** or **Cancel** (if it does not include the supporting documentation, etc.).

View, **Edit**, **Print and Delete/Retrieve**

A green **View** button is displayed when a CAN request has been **Saved** or **Submitted** by you. When the CAN check results are **Completed**, the green **Result** button is enabled for you to review your results. A red **Result** button indicates that the request was canceled. To find the reason it was rejected, select **Result**, scroll to the bottom of the report and the description will be listed under **Reject Reason**. The **Delete** button enables you to remove individuals from a batch request prior to submission. This button is enabled for each individual within a batch request which is in a **Saved** status. Once an individual has been removed from a batch request, the **Delete** button will change to **Retrieve**. To submit the individual request, press **Retrieve** and the request will revert to a **Saved** status and it can be submitted by pressing **View** or **Edit** and scrolling to bottom of the form and pressing **Submit.**

CAN requests with a status of **Saved** can be edited prior to submission.

Once your results have been provided, a print option will enable you to save a copy for your records.

Employer Dashboard

The **Employer Dashboard** contains a list of all the CAN checks that were requested to send results directly to you, the employer. For CAN requests to come to this dashboard, your email would have to be specified in the **Email Address** of the **Employer / Agency Information** section by the requester. This dashboard displays the first and last name, form type (DCC for Child Care/DPP for Central Registry Check), date submitted and last updated, the current status and view, edit, print and delete options. Once a request with your email designated in the **Email Address** of the **Employer / Agency Information** section is submitted, you will be able to review its status. A status of **Submitted** indicated that it has been submitted and is awaiting processing; **Completed** indicates that the CAN check has been processed and **Cancel** indicates that the request has been cancelled with the reason provided at the bottom of the viewed request.

View and **Print**

A **Result** button enables the results are available to be viewed. A green **Result** button indicates that the results are **Complete**, red indicates that the request was **Cancel**. To find the reason it was rejected, select **Result**, scroll to the bottom of the report and the description will be listed under **Reject Reason**. **Print** button enables the results to be printed

Once your results have been provided, a print option will enable you to save a copy for your records.

Employer Dashboard

Applicant Search

Case Number	
Applicant First Name	
Applicant Last Name	
Form	- Select Form -
Status	- Select Status -
Submitted Date	MM/DD/YYYY

Applicant Search

Batch ID	Applicant ID	Case Number	First Name	Last Name	Form	Date Submitted	Date Last Updated	Status	View	Print
253	273	CHRS20190000029	test	request	DCC	7/23/2019	11/26/2019	Completed	Result	Print
313	321	CHRS20190000111	Test	Tet	DPP	11/13/2019	3/25/2020	Completed	Result	Print
403	427	CHRS20200003686	John	smtih	DCC	3/26/2020	4/6/2020	Cancel	Result	Print
315	323	CHRS20200003671	dgdfg	dgdfg	DCC	11/15/2019	2/6/2020	Submitted	View	Print
249	265	CHRS20190000018	Blanche	Devereaux	DPP	5/10/2019	3/25/2020	Cancel	Result	Print

Showing 1 to 5 of 5 entries

Previous 1 Next